

POSITION	INITIALS	ID NO.	DATE
	<i>JS</i>		<i>04/24/01</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>MTW</i>	<i>5A</i>	<i>04/27/00</i>
FORMALITY REVIEW	<i>LIT</i>	<i>60105</i>	<i>6-21-01</i>
RESPONSE FORMALITY REVIEW	<i>LIT</i>	<i>60105</i>	<i>7-7-00</i>

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
**BEST AVAILABLE COPY** staple additional sheet here  
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